

Is it Helpful to Include QR Codes on Mail Contact Materials for Self-Administered Web Surveys?

Federal Committee on Statistical Methodology

Research and Policy Conference

Hyattsville, MD

October 23, 2024

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- I. Background
- Brief literature review on QR Codes in surveys
- Healthy Chicago Survey (HCS)

II. Description of 2023 HCS QR Code Experiment

III. Results

IV. Discussion

Background on Quick Response (QR) Codes

 We have now come to expect QR codes in various places, such as sign-up sheets, advertisements, restaurant menus, etc.



- Survey practitioners have increasingly adopted use of QR codes on contact materials for web-based surveys
- Convenience factor: survey's URL and unique log-in information can be embedded, enabling respondent to immediately begin survey
- An estimated 90% of U.S. adult population owns a smartphone (Gelles-Watnick, 2024)

Literature on QR Codes is Mixed

- Lugtig and Luiten (2021) found including a QR code led to:
 - Higher rates of smartphone completes
 - Higher breakoff rate
 - No clear response rate (RR) differences
- Other studies have found inconclusive impact on RRs:
 - Marlar (2018) no RR differences
 - Smith (2017) slight RR decrease with QR codes
 - Endres et al. (2024) QR codes increased RR 1.2 percentage points

Background on the HCS

- First launched in 2014 by the Chicago Department of Public Health
- Data used to shape policy and develop/support a variety of public health interventions
- Initially launched as an RDD telephone survey; transitioned to a selfadministered mail contact survey using ABS frame in 2020 (Unangst et al., 2022)
- 1.2M Chicago addresses stratified into 77 community areas (CAs); next birthday method used to have an adult complete survey (Olson et al., 2014)
- 4,500-5,000 completes targeted annually, with at least 35 in each CA

Prior QR Code Research in HCS

- Lee et al. (2023) examined data from the <u>natural experiment</u> occurring in HCS whereby QR codes were first introduced in 2022 for full sample
- Examining results in the 2021 and 2022 HCS administrations, Lee et al. found results concomitant with Lugtig and Luiten (2021):
 - QR codes increased rate of completion by smartphone
 - QR codes led to 2x increase in breakoff rate
 - No statistically significant difference in RRs
- Goal was to conduct a <u>randomized experiment</u> in 2023 HCS administration to examine impact of QR codes on device, RRs, and survey variable distributions

- Sequential choice+ web/paper mixed-mode design (Lewis et al., 2022)
 - \$2 pre-incentive
 - \$30 post-incentive for web complete
 - \$20 post-incentive for paper complete
- Two subsequent sample releases, each with four mail contact attempts

Mailing	Day
1. Web Invitation Letter	0
2. Reminder Self-Mailer	7
3. Paper Survey Packet + Web Invitation Letter	21
4. Reminder Self-Mailer	28

- 50/50 split in 2023 HCS second sample: QR codes present vs. excluded



QR Code Experiment Results: Dispositions

- Figures of note:
 - QR codes increase web participation slightly (93.8% vs. 92.1%)
 - QR codes decrease yield rate slightly (21.9% vs. 22.4%); AAPOR RR3 one percentage point lower (29.4% vs. 30.4%)
 - More breakoffs (i.e., partial completes) in QR codes condition (3.1% vs. 1.8%)

		No QR Code		QR Code	
Code	Meaning	Count	Base- Weighted Percent	Count	Base- Weighted Percent
CW	Complete by Web	1,237	20.6	1,211	20.5
СР	Complete by Paper	117	1.8	96	1.4
PW	Partial Complete by Web	122	1.8	218	3.1
PP	Partial Complete by Paper	2	0.0	2	0.0
UD	Undeliverable	581	8.7	577	8.6
RF	Explicit Refusal	2	0.0	1	0.0
NR	Nonrespondent – Unknown Eligibility	4,368	67.0	4,324	66.3
		6,429	100.0	6,429	100.0

QR Code Experiment Results: Device Type

QR Code Experiment Results: Base-Weighted Sociodemographics

No QR Code QR Code

QR Code Experiment Results: Weighted Outcomes

Summary

Key Takeaways:

- QR codes increase rate of web participation (good thing), but...
- Higher rate of smartphone completes (good thing?)
- Higher rate of breakoffs (good thing?)
- No substantive RR differences
- No substantive differences in sociodemographic variables
- No substantive differences in key health outcomes

Limitations:

- In general, results may be sensitive to contact materials design and/or placement of QR code
- One health survey in one city with a sequential Choice+ web/paper data collection protocol – different results with web-only survey?

References

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Thanks!

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